

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PG4735

First Names Inventor:
BIGGADIKE, Keith

Complete if known:

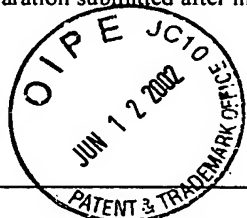
App No.:
10/067,010

Filing Date
04 February 2002

Group Art Unit:

() Declaration submitted with initial filing or

(X) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))



As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE COMPOSITIONS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 4 February 2002 as United States application Serial No. 10/067,010 or PCT International

Application Number _____ filed and was amended on (MM/DD/YYYY) _____ (if applicable)

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I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

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U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
09/958,050		10/02/2001	PATENTED	PENDING	ABANDONED
				X	

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23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

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919-483-8022

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2	FULL NAME OF INVENTOR	FAMILY NAME BIGGADIKE	FIRST GIVEN NAME Keith	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>K. Biggadeke</i>		Date 10 MAY '02
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME COOTE	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date 10 MAY 2002
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2	FULL NAME OF INVENTOR	FAMILY NAME CRAIG	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date <i>[Blank]</i>
0	RESIDENCE & CITIZENSHIP	CITY Tonbridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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2	FULL NAME OF INVENTOR	FAMILY NAME JACEWICZ	FIRST GIVEN NAME Victor	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date <i>[Blank]</i>
0	RESIDENCE & CITIZENSHIP	CITY Tonbridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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2	FULL NAME OF INVENTOR	FAMILY NAME MILLAN	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL J.
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Tonbridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NICE	FIRST GIVEN NAME Rosalyn	SECOND GIVEN NAME/INITIAL K.
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NOGA	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL M
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SEAGER	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL F.
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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2	FULL NAME OF INVENTOR	FAMILY NAME THEOPHILUS	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL L.
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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2	FULL NAME OF INVENTOR	FAMILY NAME CROWE	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL M.
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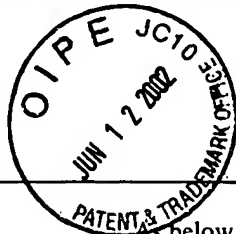
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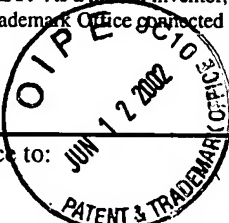

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		 23347 PATENT TRADEMARK OFFICE	Direct Telephone Calls to: James P. Riek 919-483-8022	
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2 0 7	FULL NAME OF INVENTOR	FAMILY NAME NOGA	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL M
	INVENTOR'S SIGNATURE	Signature <i>Brian M. Noga</i> x		Date x 5/13/2002
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
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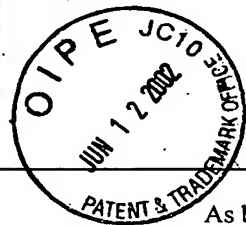
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	INVENTOR'S SIGNATURE	Signature		Date
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		MILLAN	Michael	J.
		Signature		Date
		Tonbridge	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		NICE	Rosalyn	K.
		Signature		Date
		Stevenage	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
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		NOGA	Brian	M
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		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		THEOPHILUS	Andrew	L.
		Signature		Date
		Stevenage	GB	GB
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2 0 10	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		CROWE	David	M.
		Signature		Date
		Tonbridge	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PG4735

First Names Inventor:
BIGGADIKE, Keith

Complete if known:

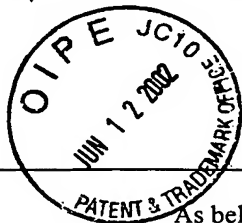
App No.:
10/067,010

Filing Date
04 February 2002

Group Art Unit:

() Declaration submitted with initial filing or

(X) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))



As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE COMPOSITIONS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on **4 February 2002** as United States application Serial No. **10/067,010** or PCT International

Application Number _____ filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0019172.6	GB	08/05/2000	X
2. PCT/GB01/03495	PCT	08/03/2001	X
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

Express Mail No.:
EV022026659US

**COMBINED DECLARATION FOR UTILITY & DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
PG4735

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
09/958,050	10/02/2001		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



Send Correspondence to:

23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

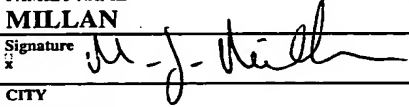
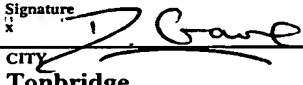
 James P. Rick
919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BIGGADIKE	Keith	
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	INVENTOR'S SIGNATURE	CRAIG	Andrew	S.
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PG4735

2	FULL NAME OF INVENTOR	FAMILY NAME MILLAN	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL J.
0	INVENTOR'S SIGNATURE	Signature 		Date x 10th - May - 2002
5	RESIDENCE & CITIZENSHIP	CITY Tonbridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NICE	FIRST GIVEN NAME Rosalyn	SECOND GIVEN NAME/INITIAL K.
0	INVENTOR'S SIGNATURE	Signature		Date x
6	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NOGA	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL M
0	INVENTOR'S SIGNATURE	Signature		Date x
7	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SEAGER	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL F.
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8	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THEOPHILUS	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL L.
0	INVENTOR'S SIGNATURE	Signature		Date x
9	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CROWE	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL M.
0	INVENTOR'S SIGNATURE	Signature 		Date x 10th - May - 2002
10	RESIDENCE & CITIZENSHIP	CITY Tonbridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY NC 27709, US